



Microarray Submission Form

Date of Submission: _____

Genomics Core Use Only-
Project#: _____
Sample Location: _____
Received By: _____
VMSR Sample ID: _____

Section 1: Contact Information

Principal Investigator:	Contact Person:
Department:	Phone #:
Institution:	Email:
Phone #:	
Email:	Human Subjects Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliation: <small>If other, please specify:</small>	IRB#:

Billing

Billing Contact:	Account #:
Phone #:	
Email:	
PI Signature (Indicates financial commitment for services provided):	

Section 2: Service Information

Service Type:
Affymetrix Chip:

Section 3: Microarray Sample Information

#	Sample Name	Sample Type	Concentration (ng/μl)	Volume (μl)	Well # on Gel Image
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

*Please attach gel image

Section 4: Bioinformatics Service Types

Type	Description	Fee Applied
Initial Consultation (30 minutes)	➤ Brief discussion and overview of project scope.	NO; Initial 30 minutes
Tutorial	➤ Provide basic training with standard analysis tool training suitable to next generation sequencing data.	YES
A La Carte	<ul style="list-style-type: none"> ➤ Analyze the data for investigator. ➤ Option only available to researchers generating next generation sequencing data within MPG Core. 	YES
Collaborative	➤ Intended for large scale projects difficult to assess nature of analysis required.	NO; Requires percentage of effort within grant proposal

Data Deliverable Format

Alignment Genome, (i.e. hg19):

	<input type="checkbox"/> <i>Standard Deliverables</i>	<input type="checkbox"/> <i>Custom Deliverable (Additional fees apply)</i>
	Includes: CEL	Any changes to the standard workflow are considered a custom analysis. Please contact us for additional information.

Additional Notes:

Laboratory:

Bioinformatics

Sample Requirements and Shipping Instructions

Sample Requirements

	Genomic DNA Requirements	Total RNA Requirements	Data Only
Sample Type	DNA should have a 260/280 purity ratio of 1.75 - 2.0 and be resuspended in LOW TE or water.	Purified RNA; RNA Integrity Number(RIN) 8.0-10.0	Media/hard drive
Collection Type	Screw cap tube	Screw cap tube	Encrypted. Retain original data source; lab not responsible for damage during shipping.
Collection Volume and/or Concentration	2.0ug @ 75ng/ul suspended in nuclease free water.	5.0ug @ 100ng/ul suspended in nuclease free water.	N/A
Labeling of Collection Type	Ensure label on tube is legible and matches information on submission sheet. Sample names should be alphanumeric with no more than 6 characters. Each tube must have a unique sample name.		

Shipping Instructions

Packaging Instructions	If needed, sample packaging instructions are available as a pdf from FEDEX: Biological Substance: http://images.fedex.com/us/packaging/guides/UN3373_fxcom.pdf Media/Hard Drive: http://images.fedex.com/us/packaging/guides/Computer_fxcom.pdf		
Shipping Instructions	Ship at ambient temperature Ship via overnight courier (FedEx,UPS)	Ship on dry ice Ship via overnight courier (FedEx,UPS)	Send on encrypted media/hard drive. Provide encryption method and key via email. Ship via overnight courier (FedEx,UPS)
Shipping Address	Molecular Pathology Genomics Core Children's Hospital Los Angeles 4650 Sunset Boulevard, MS #103 Los Angeles, California 90027		